

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

1 2 F E 4 M 5

HAL BROWN FOR CONGRESS

ADDRESS (number and street)

1326 ASHLAND HILLS DR

Check if different
than previously
reported. (ACC)

CAPE GIRARDEAU

MO

63701

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00616672

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

MO

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

07

D D /

01

Y Y Y Y /

2016

through

M M / D D / Y Y Y Y

09

D D /

30

Y Y Y Y /

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

SCHERMANN, PAUL , , ,

Type or Print Name of Treasurer

Signature of Treasurer

SCHERMANN, PAUL , , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10

D D /

14

Y Y Y Y /

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 19

Write or Type Committee Name
HAL BROWN FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	4187.58	20108.23
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	4187.58	20108.23
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	33497.86	53066.43
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	626.01
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	33497.86	52440.42
8. Cash on Hand at Close of Reporting Period (from Line 27)	667.81	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	33000.00	

For further information contact:

Federal Election Commission
 999 E Street, NW
 Washington, DC 20463

Toll Free 800-424-9530
 Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 19

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

HAL BROWN FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
07 01 2016

To:

M M / D D / Y Y Y Y
09 30 2016

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

2750.00

11950.00

(ii) Unitemized.....

1437.58

5503.67

(iii) TOTAL of contributions from individuals ▶

4187.58

17453.67

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

2654.56

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

4187.58

20108.23

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

25000.00

33000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

25000.00

33000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

626.01

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

29187.58

53734.24

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 19

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	33497.86	53066.43
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	33497.86	53066.43

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4978.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	29187.58
25. SUBTOTAL (add Line 23 and Line 24).....	34165.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	33497.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	667.81

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HAL BROWN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BAUER, ROBERT & MARY, , ,
Mailing Address 220 PRESTON WOOD TRAIL

City State Zip Code
CAPE GIRARDEAU MO 63701

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
CRNA

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 10 2016

Transaction ID : SA11AI.4117

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
BOLLMAN, BRIAN, , ,
Mailing Address 3165
LUPINE DR

City State Zip Code
ARNOLD MO 63010

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFFLUX

Occupation
IT CONSULTANT

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1075.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 11 2016

Transaction ID : SA11AI.4116

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
BYRNE, JOSEPH, , ,
Mailing Address 206 HOSPITAL LANE

City State Zip Code
PERRYVILLE MO 63775

FEC ID number of contributing
federal political committee.

C

Name of Employer
PERRY COUNTY MEMORIAL HOSPITAL

Occupation
PHYSICIAN

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 01 2016

Transaction ID : SA11AI.4119

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 19

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
HAL BROWN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) ORMSBY, B.J., , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 23 / 2016		
Mailing Address 600 VINE ST			Transaction ID : SA11AI.4110		
City POPLAR BLUFF	State MO	Zip Code 63901	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item			
Name of Employer SELF EMPLOYED		Occupation DENTIST			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00			
B. Full Name (Last, First, Middle Initial) STAHR, WILLIAM & NANCY, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 10 / 2016		
Mailing Address 2005 SARA DR			Transaction ID : SA11AI.4118		
City CAPE GIRARDEAU	State MO	Zip Code 63701	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item			
Name of Employer ST FRANCIS MEDICAL CENTER		Occupation PATHOLOGIST			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00			
C. Full Name (Last, First, Middle Initial) STAHR, WILLIAM & NANCY, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 23 / 2016		
Mailing Address 2005 SARA DR			Transaction ID : SA11AI.4098		
City CAPE GIRARDEAU	State MO	Zip Code 63701	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item			
Name of Employer ST FRANCIS MEDICAL CENTER		Occupation PATHOLOGIST			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 750.00			
SUBTOTAL of Receipts This Page (optional)..... ▶			750.00		
TOTAL This Period (last page this line number only)..... ▶			750.00		

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 19

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
HAL BROWN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
STAHR, WILLIAM & NANCY, , ,

Mailing Address 2005 SARA DR

City CAPE GIRARDEAU	State MO	Zip Code 63701
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer ST FRANCIS MEDICAL CENTER	Occupation PATHOLOGIST
---	---------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2016

Transaction ID : SA11AI.4108

Amount of Each Receipt this Period

250.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

250.00
2750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 19

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
HAL BROWN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) BROWN, HENRY, S, ,			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 18 / 2016	
Mailing Address 1326 ASHLAND HILLS DR			Transaction ID : SA13A.4147	
City CAPE GIRARDEAU	State MO	Zip Code 63701	Amount of Each Receipt this Period 20000.00	
FEC ID number of contributing federal political committee. C H6MO08142		Name of Employer SELF EMPLOYED Occupation PHYSICIAN		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 30654.56		
B. Full Name (Last, First, Middle Initial) BROWN, HENRY, S, ,			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 22 / 2016	
Mailing Address 1326 ASHLAND HILLS DR			Transaction ID : SA13A.4149	
City CAPE GIRARDEAU	State MO	Zip Code 63701	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C H6MO08142		Name of Employer SELF EMPLOYED Occupation PHYSICIAN		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 35654.56		
C. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address			Amount of Each Receipt this Period	
City	State	Zip Code	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C		Name of Employer Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼		
SUBTOTAL of Receipts This Page (optional).....			25000.00	
TOTAL This Period (last page this line number only).....			25000.00	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ALPHA RADIOMailing Address KRIE BLVD
PO BOX 461City
FARMINGTONState
MOZip Code
63640Purpose of Disbursement
RADIO ADVERTISING

004

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	27	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1859.80

Transaction ID : SB17.4138

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BIG COUNTRY 99

Mailing Address 17647 HWY B

City
HOUSTONState
MOZip Code
65483Purpose of Disbursement
RADIO ADVERTISING

004

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
08	30	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1192.00

Transaction ID : SB17.4145

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOLIDAY INN EXPRESS

Mailing Address 1605 IMPERIAL DR

City
WEST PLAINSState
MOZip Code
65775Purpose of Disbursement
STAFF HOTEL-DOOR TO DOOR CAMPAIGN

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	09	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

249.72

Transaction ID : SB17.4127

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3301.52

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MCLANE INVESTMENTS

Mailing Address 97 N KINGSHIGHWAY ST

City
CAPE GIRARDEAUState
MOZip Code
63701Purpose of Disbursement
CAMPAIGN OFFICE RENT

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	06	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4123

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. M TAYLOR COMPANY

Mailing Address

City

State

Zip Code

Purpose of Disbursement
CAMPAIGN VIDEO & EDITING

004

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
08	24	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.4143

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PLUS FACTOR LLC

Mailing Address 17 HEMINGSFORD CT

City
ARLINGTONState
TXZip Code
76016Purpose of Disbursement
MAILING/PRINTING CAMPAIGN LITERATURE

006

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	19	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

19444.78

Transaction ID : SB17.4132

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

21344.78

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PRINT ZONE

Mailing Address 121 S HIGH ST

City
JACKSONState
MOZip Code
63755Purpose of Disbursement
YARD SIGNS/SIGNS

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	18	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

2156.63

Transaction ID : SB17.4129

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PRINT ZONE

Mailing Address 121 S HIGH ST

City
JACKSONState
MOZip Code
63755Purpose of Disbursement
YARD SIGNS/SIGNS

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	18	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

2373.85

Transaction ID : SB17.4131

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RESULTS RADIO

Mailing Address 1505 SIESTA RD

City
ROLLAState
MOZip Code
65401Purpose of Disbursement
RADIO ADVERTISING

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	26	2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1937.80

Transaction ID : SB17.4136

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6468.28

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. RIVER RADIO

Mailing Address 324 BROADWAY ST

City
CAPE GIRARDEAUState
MOZip Code
63701Purpose of Disbursement
RADIO ADVERTISING

004

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

648.00

Transaction ID : SB17.4141

☐ Memo Item**B. STAPLES**

Mailing Address 294 SIEMERS DR

City
CAPE GIRARDEAUState
MOZip Code
63701Purpose of Disbursement
CAMPAIGN LITERATURE

006

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

323.93

Transaction ID : SB17.4125

☐ Memo Item**C. STAPLES**

Mailing Address 294 SIEMERS DR

City
CAPE GIRARDEAUState
MOZip Code
63701Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	6

FEC Identification Number

C

Amount of Each Disbursement this Period

313.11

Transaction ID : SB17.4140

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1285.04

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 19

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WITHERS BROADCASTING

Mailing Address 901 S KINGSHIGHWAY ST

City
CAPE GIRARDEAUState
MOZip Code
63703Purpose of Disbursement
RADIO ADVERTISING

004

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2016

FEC Identification Number

C

Amount of Each Disbursement this Period

1004.64

Transaction ID : SB17.4134

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1004.64

TOTAL This Period (last page this line number only).....▶

33404.26

SCHEDULE C (FEC Form 3)
LOANS

PAGE 14 OF 19

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4188

HAL BROWN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

BROWN, HENRY, S, ,

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1326 ASHLAND HILLS DR

City

CAPE GIRARDEAU

State

MO

ZIP Code

63701

☒ Personal Funds of the Candidate

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03^M/ D 30^D

/ Y 2016 Y

M M

/ D D

/ Y NONE Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

2000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 15 OF 19

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4189

HAL BROWN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

BROWN, HENRY, S, ,

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1326 ASHLAND HILLS DR

City

CAPE GIRARDEAU

State

MO

ZIP Code

63701

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 04 M /

D 18 D /

Y 2016 Y

M M /

D D /

Y NONE Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

1000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 16 OF 19

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4190

HAL BROWN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

BROWN, HENRY, S, ,

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1326 ASHLAND HILLS DR

City

CAPE GIRARDEAU

State

MO

ZIP Code

63701

☒ Personal Funds of the Candidate

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 05 M

D 06 D

Y 2016 Y

M M

D D

Y NONE Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

3000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 17 OF 19

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4191

HAL BROWN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

BROWN, HENRY, S, ,

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1326 ASHLAND HILLS DR

City

CAPE GIRARDEAU

State

MO

ZIP Code

63701

☒ Personal Funds of the Candidate

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 05 M

D 10 D

Y 2016 Y

M M

D D

Y NONE Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

2000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 18 OF 19

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4147

HAL BROWN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

BROWN, HENRY, S, ,

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1326 ASHLAND HILLS DR

City

CAPE GIRARDEAU

State

MO

ZIP Code

63701

☒ Personal Funds of the Candidate

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 07^MD 18^D

Y 2016 Y

M M

D D

Y NONE Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

20000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 19 OF 19

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4149

HAL BROWN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

BROWN, HENRY, S, ,

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1326 ASHLAND HILLS DR

City

CAPE GIRARDEAU

State

MO

ZIP Code

63701

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 07^M /D 22^D /

Y 2016 Y

M M /

D D /

Y NONE Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

33000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.